

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9993 25265	2. Fiscal Year Covered From 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Alton K. Chapman P.O. Box, Bldg., Room No., if any Street 44 Broadwater Lane City Burgaw State NC ZIP Code + 4 28425	4. Name, file number, and address of labor organization. Name International Longshoreman Association LOCAL 1766 Labor Organization File Number LM 010-470 P.O. Box, Building and Room Number, if any Street 2122 Burnett Blvd City Wilmington State NC ZIP Code + 4 28401
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Alton K. Chapman

On

3/29/06

Date

910 763 1778

Telephone Number

Name of Person Filing Aiton Keith Chafin	File Number U- 9793
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Longshoreman Association</p> <p>Trade Name, if any: ILA Local 1766</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2122 BURNETT BLVD</p> <p>City Wilmington</p> <p>State NC ZIP Code + 4 28401</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust Longshore Industry</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Employers ILA Pension, Welfare, & Vacation Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street PO Box 1116</p> <p>City Wilmington</p> <p>State NC ZIP Code + 4 28402</p>	<p>11.a. Nature of such dealing.</p> <p>TRAVEL Reimbursements for International Foundation Annual Employee Benefits Conference</p> <p>11.b. Approximate dollar value of such dealing. \$1975.00</p> <p>12.a. Nature of interest held or income received.</p> <p>TRAVEL Reimbursements for International Foundation Annual Employee Benefits Conference</p> <p>12.b. Amount. \$1975.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

ACCOUNT/DATE	TT	VENDOR/DESCRIPTION	REF NO	AMOUNT
6540-00 Travel/Reimbursements				
10/27/05	VI	ALTON CHAFIN	HAWAII	1,975.00dr
		TRAVEL ADVANCE - HAWAII		
		Total for 6540-00 Travel/Reimbursements	:	<u>1,975.00dr</u>
		GRAND TOTAL PURCHASES:		<u>1,975.00dr</u> =====

Filer U-9793
Local union #Lm 010-470